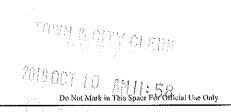
SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015



Page 1 of 17

COVER PAGE

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1. NAME OF COMMITTEE									and the second s	
Maly Rosado for City Council										
2. TREASURER NAME										
First	•	МІ		Last					Suffix	
James		Е		Woulfe						
3. TREASURER ADDRESS			0.7				Ta	Zip Co	ada	
Street Address 2 Columbia St.		÷	^{City} Har	tford			State CT	061		
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complet	e only	if Candidate	Committee)			6. DIST	RICT NUMBER	
(mm/dd/yyyy) 11/05/2019	City Council							(if applicable	,	
7. CANDIDATE NAME (Complete only if C	Candidate or Explorato	ry Conunittee)								
First		MI		Last					Suffix	
Maly]		Rosado				•		
8. TYPE OF REPORT (Check One Box)							3090200			
O January 10 filing	7th day preced	ding primar	у	⊘ 7th	day preceding referend	lum 🔘	Initial Cont (PACs ONLY)	ribution o	r Disbursement	
April 10 filing	●30 days following prima			45 days following referendum			Amendment to			
July 10 filing	O7th day preced	eding election Deficit			icit		Type of Rep	ort:		
October 10 filing	12th day prece	12th day preceding election (State Central Committees Only)								
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No	wing electio								
9. PERIOD COVERED			V-(84) (1)							
	Beginning Da	ite			Ending Date					
	9/2/2019			thru	9/30/2019					
- -										
10. CERTIFICATION							2.5			
I hereby certify and state, under p Disclosure Statement for the per AMEMOUL TREASURER OR DEPUTY TREASURE	riod covered is t	statement, true, accu	rate	and com	information set forth plete. Dou fe Dor SIGNER	h on this It e	emized Cal	mpaign F 	Ynance 1 <u>0/2</u> 019 (mm/dd/yyyy)	
A naveau who is	found to have by	nowinaly a	nd w	illfullv vi	olated any provision	s of the can	npaign fin	ance stat	utes	

faces a civil penalty or imprisonment or both.

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Maly Rosado for City Council	October 10th Flling	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	929.25	
13. Contributions Received from Individuals (Sections A and B)	50.00	4295.00
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	0	50
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	50.00	4345.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	979.25	4345.00
19. Expenses Paid by Committee (Section P)	265.00	3630.75
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	714.25	714.25
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	100.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	46.28
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	150.00
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Maly Rosado for City Council		October 10th Filing				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$ 50.00				
	ntributions from Individ	duals		MI		
Last Name	LHSI			IAH		
Residential Street Address	City		State	Zip Code		
Principal Occupation	Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a second of government the contract of government the government the government the government the government of government the government that government the government thas government the government that government the government that		e contractor? Yes No Legislative				
Method of Contribution:	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order					
Last Name	First			MI		
Residential Street Address	City	ry				
Principal Occupation	Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	with said municipality	, Amo	ınt of Contribution		
Is this contribution associated with an event reported in Section L1? Yes No If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.		te contractor? Yes No Legislative				
Method of Contribution:	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney				110		
Last Name	First			MI		
Residential Street Address	City		State	Zip Code		
Principal Occupation	Name of Employer			•		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	e officer of a municipality with said municipality	/, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No No If yes, indicate which bra of government the contraction of government the contraction.		ONo.				
Method of Contribution:	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order			The second secon		
SUBT	FOTAL Section B — This	Page 50.00		-		
TOTAL	L of additional Section B I	Pages 0				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Sections 1 13, Column A of Summary Page	A + B) <i>Totals)</i> 50.00				

	ATTEE (Provide Complet	e Name as Registered w	vith Filing Reposi	itory)		TYPE OF REPORT	
Maly Rosado fo	r City Council					October 10th Filin	g
		Ci, C	Contribution	ons from O	ther Con		
Name of Committee					Name or 1	treasurer	
Address				Is this contrevent repor	ted in Sectio	ociated with an Yes No on L1? es, list Event #	Amount of Contribution
City		State	Zip Code	Date Reco	eived	Aggregate Contributions	
Name of Committee					Name of 3	Treasurer	
Address				Is this control	ted in Sectio	ociated with an Yes No on L1? es, list Event #	Amount of Contribution
City		State	Zip Code	Date Rec	eived	Aggregate Contributions	
Name of Committee			, '		Name of	Treasurer	
Address				Is this control event repor	ribution asso ted in Section If y	Amount of Contribution	
City		State	Zip Code	Date Rec	eived		
Name of Committee	C2. F	Reimbursemen	ts or Surp	lus Distrib	Name of	om other Committees Treasurer	
Address	<u></u>			City			State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type OReimbursen	nent for shared	expense O	Surplus Dist	tribution	Amount of Receipt
Description							
Name of Committee					Name of	Treasurer	
Address				City	•		State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type Reimburs	ement for share	ed expense (Surplus D	Distribution	Amount of Receipt
Description					obligação de Sancologo do Control		
				OTAL Sect			
	TOTALO	ALL COMMI		of addition		PEGENTES.	
	(Section	ns C1 + C2) (Enter	total on Line	14, Column A	of Summary	Page Totals) 0	

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Repositor	<i>))</i>			TYPE OF	REPORT	
Maly Rosado for City Council					Octobe	r 10th Filing	
D	. Loans F	Receive	d this Period	l			
Name of Lender			Source of Loan:				Date of Receipt
			OBank OCan	ndidate C		Committee	•
Street Address	City		·		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City				State	Zip Code	
Name of Lender			Source of Loan: OBank OCan	ndidate 🔘) Individua	ol Other Committee	Date of Receipt
Street Address	City			-	State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	ı				J		Amount Received
Street Address	City				State	Zip Code	
Name of Lender			Source of Loan: OBank OCa	ndidate C) Individu	al Other Committee	Date of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	1				i		Amount Received
Street Address	City				State	Zip Code	
			TOTAL SECT	TION D	0		
E. Receipts from Entities other tha	ın Indivi	duals o	or Other Con	amittees	s (Refere	ndum Committe	es ONLY)
Name of Entity							
Street Address				Date 1	Received		Amount Received
City		State	Zip Code	Aggr	egate Contri	butions	
Name of Entity							
Street Address				Date l	Received		Amount Received
City		State	Zip Code	Aggr	egate Contri	butions	
Name of Entity							
Street Address				Date	Received		Amount Received
City		State	Zip Code	Aggr	egate Contr	ibutions	
							<u> </u>
		en en cudo Estados	TOTAL SEC	TION E	0		

Page 6 of 17

		red with Filing Reposit	ory)		NAME OF COMMITTEE (Provide Complete Name as Registered with Filling Repository) Maly Rosado for City Council Octob															
	Amount Transferred	from Affiliate	d Business	Treasury (Business Entity	Committees ONLY)														
Date of Receipt	Is this transaction associatevent reported in Section	ted with an		list Event #		Amount														
Date of Receipt	Is this transaction associate event reported in Section	ited with an L1?	Yes <i>If yes</i> ,	list Event #	**************************************	Amount														
Date of Receipt	Is this transaction associate event reported in Section	tted with an L1?	Yes If yes, No	list Event#		Amount														
Date of Receipt	Is this transaction associate event reported in Section		Yes If yes, No	list Event #		Amount														
			r	OTAL SEC	TION F	0														
G. Amount Tra	nsferred from Affiliat	ed Labor Unio	on or Othe	er Organiza	2007-0-00-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	ry (Organization Committees ONLY)														
Date of Receipt		eceipt ·																		
Amo	ount		Amount	Amount																
			TC	TAL SECT	ION G 0															
	I. Personal Funds of	the Candidate	Received	this Period	(Candidate C															
Date of Receipt	Method of payment: Cash	Person	nal Check	Credit.	Debit Card	Amount														
Date of Receipt	Method of payment:	Person	nal Check	Credit.	/Debit Card	Amount														
Date of Receipt	Method of payment:					Amount														
	O Cash	Person	nal Check	Credit.	/Debit Card															
Date of Receipt	Method of payment:																			Amount
	○ Cash	O Person	nal Check	O Credit	/Debit Card															
				TOTAL SE	CCTION H	0														
		I. Anony	mous Con	tributions																
P	Per Public Act 11-48,	Anonymous	Contributi			deposited in <i>any</i>														

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

Page 7 of 17

NAME OF COMMITTEE (Provide Comple	ete Name as Registered with Filing Repository)	T	PE OF I	REPORT	
Maly Rosado for City Council		O	tober	10th Filing	
	J. Interest from Deposits in Authori	zed Accounts			
Name of Institution	•	Da	te Receiv	ed	Amount
Street Address	City	State	T	Zip Code	
BLOCK FRANCIS	City	Biate		гир соцо	
Name of Institution	and the second s	Da	te Receiv	ed	Amount
Street Address	City	State		Zip Code	
	ТОТ/	AL SECTION J	0		
K.	Miscellaneous Monetary Receipts not Con	asidered Cont			
Name	•		Date o	of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
Name		·	Date o	of Transaction	Amount Received
Street Address	City		State	Zip Code	·
Description					
		_			
Name			Date o	of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
Name			Date o	of Transaction	Amount Received
				17' 0 1	
Street Address	City		State	Zip Code	
Description					
			·		
	TOTAL S	ECTION K	0		
SUMIV	IARY OF OTHER MONETARY RECEI	PTS (Sections	D thr	ough K)	
Total Loans Received this Period (0	
	than Individuals or Other Committees (Section E)		+	0	
	ffiliated Business Treasury (Section F)		+	0	• # .
	ffiliated Labor Union or Other Organization Treasu		<u> </u>	0	
	f the Candidate Received this Period (Section H)	. 7 (= 2222 0)	<u>. </u>	0	
,	oosits in Authorized Accounts (Section J)		+	0	
Total Miscellaneous Monetary Rec	eipts not Considered Contributions (Section K)		+	0	
(A	Total of Othe dd Sections D through K) <i>(Enter total on Line 15, Colu</i> n	er Monetary R mn A of Summary P			

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	7			
Maly Rosado for City C	ouncil			October 10th F	iling			
	L1. Even	t Infor	mation			480 900 99 1000 20 97 99 90		
Event # Date of Event Letter	Description				Wa	ıs this a fur OYes	ndraising event?	
Location: Street Address		City				State	Zip Code	
Subpart 1: (All Committee Was this event hosted at	•	OYes O No	(If yes, go to Section L Associated with a Hos purchases made by hos	use Party and compl	ete req	uired infor		
	e goods or services donated by a business entity nated by an individual of up to \$100?	Ty Yes (If yes, go to Section L4 In-Kind Donations not Considered Contribution and complete required information.) No						
Was this fundraiser a tag with purchases from an ir	sale, auction, or other sale of donated items idividual of up to \$100?		(If yes, enter Total Rec	eipts here.)	+ \$			
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?		her than Exploratory (If yes, go to Section L or on a Sign and com	3 Purchases of Adve			Program Book	
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes ONo	(If yes, enter Total Rec	eipts here.)	* \$			
Event # Date of Event Letter	Description				Wa	ns this a fur	ndraising event?	
Location: Street Address		City			•	State	Zip Code	
Subpart 1: (All Committee Was this event hosted at a	•	O ^{Yes}	(If yes, go to Section L Associated with a Ho purchases made by hos	use Party and compl	ete req	uired infor		
	le goods or services donated by a business entity nated by an individual of up to \$100?	O Yes	s (If yes, go to Section I and complete required		s not C	Considered	Contributions	
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	O Yes O No	(If yes, enter Total Rec	ceipts here.)	\$			
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	mittees of OYes ONo	her than Exploratory (If yes, go to Section L or on a Sign and com	3 Purchases of Adve			Program Book	
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes ONo	(If yes, enter Total Rec	eipts here.)	\$			
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fr	om Sale	of Donated Items —	This Page ()				
			Subpart 3 <i>(Town Comm</i> u n Food Purchases —					
		TOTAL	of additional Section	n L1 Pages 0				
	TOTAL OF ALL RECE (Enter total or		ROM SMALL PU , Column A of Summar					

II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

	(Provide Complete Name as Register	ed with Filing Reposito	ny)	TYPE OF REPO			
Maly Rosado for City Co				October 10th	Filing		
	L3. Purchase:	s of Advertisir	ig in a Progra	am Book or on a Sign			
Name of Purchaser					1	e Made By:	Oor
					_	siness Entity	Other
0			Los.		Uma	ividual/Sole P	Zip Code
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Sig	n Purchase
N. CD 1					Durchas	e Mađe By:	
Name of Purchaser					l _	siness Entity	Other O
					1 =	lividual/Sole P	_
Street Address			City		<u> </u>	State	Zip Code
Bircot Plantoss			J CAN				.,
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase .	Amount of Sig	gn Purchase
Name of Purchaser					Purchas	e Made By:	
Tight of I desired					ŀ	siness Entity	Other
					1 3	lividual/Sole P	roprietorship
Street Address			City		I <u>-</u>	State	Zip Code
,							
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Si	gn Purchase
Name of Purchaser					Purchas	se Made By:	
					OBu	siness Entity	Other
					Olno	lividual/Sole P	roprietorship
Street Address			City			State	Zip Code
Data Bassinad	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	986	Amount of Si	on Purchase
Date Received	Evalue	7 iggregate / uzertuseu	TOT THE DIVING	Zinotint of Frogram (sur a co			g
Name of Purchaser			•		I _	se Made By:	
					1	siness Entity	Other
					OInc	tividual/Sole F	
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	iase	Amount of Si	gn Purchase
	SUBTOTAL Section L3 T	otal Purchases of	Advertising in	Program Book — This Page)		
	SUBTOTAL Sect	ion L3 Total Purc	chases of Advert	ising on a Sign — This Page)		
			TOTAL of	additional Section L3 Pages	0	•	
TOTA	L OF ALL PURCHASES O	OF ADVERTISIN	(G IN A PROG	RAM BOOK or ON A SIGN	0		
100 00 100 100 100 100 100 100 100 100		(Enter total on	Line 16c, Colum	n A of Summary Page Totals)			

NAME OF COMMITTE	E (Provide Complete Name a	is Registered with Filing Repos	itory)	Т	YPE OF REPO)RT	5.5.5			
Maly Rosado for City	Council			0	ctober 10th	Filing				
	L4	. In-Kind Donation	ns Not Consi	dered Contributi	ons					
Name of Donor							······			
Street Address			City				State	Zip Code		
Donation Given By:	Description of Donation					Fair Market Value of Donation				
OBusiness Entity										
O Individual	Date Received	Event #		Aggregate Value for t	his Event					
O Sole Proprietorship										
Name of Donor										
Street Address			City				State	Zip Code		
Donation Given By:	Description of Donation					Fair M	arket Va	ue of Donation		
Business Entity										
OIndividual	Date Received	Event #		Aggregate Value for t	his Event					
Sole Proprietorship								1		
Name of Donor			-							
Street Address			City		· · · · · · · · · · · · · · · · · · ·	T	State	Zip Code		
Donation Given By:	Description of Donation					Fair M	larket Va	lue of Donation		
OBusiness Entity						"""				
OIndividual	Date Received	Event #		Aggregate Value for	this Event					
O Sole Proprietorship										
Name of Donor										
Name of Doron										
Street Address			City				State	Zip Code		
Donation Given By:	Description of Donation					Fair M	larket Va	lue of Donation		
Business Entity	2554.									
OIndividual	Date Received	Event #		Aggregate value for t	his Event					
O Sole Proprietorship										
			CONTROLL C	de I Weisberg						
			DRIOIAL Sec	tion L4—This Page	0					
		TC	TAL of additio	onal Section L4 Pages	Ö					
TO	TAL OF ALL IN-KIN	D DONATIONS NOT (Enter total on Line 2	CONSIDEREI	CONTRIBUTIONS	0					
		(Enter Point VII Line E	-, -, -, -, -, -, -, -, -, -, -, -, -, -	7		·				
							•			
·										
I										

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	epository)			TYPE OF RE	PORT		
Maly Rosado for City Council				October 10)th Filing		
L5. In-Kind Donations Not Consid	lered C	Contributions Associa	ted with a I	Touse Part	y		
Name of Host			Is this event committee?		ore than o	ne candidate or	
Street Address		City			State	Zip Code	
Description of Donation				Fair Mar	ket Value	of Donation	
Event # Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this he	ost/candidate				
Name of Host			committee?	supporting more than one candidate or OYes ONo complete Itemization in Addendum L5			
Street Address		City	If yes, or	ompiete reimz	State	Zip Code	
Description of Donation				Fair Mar	rket Value	of Donation	
Event # Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this he	ost/candidate				
Name of Host	!		committee?	supporting mo OYes ON complete Itemize	o	one candidate o	
Street Address	14.00	City			State	Zip Code	
Description of Donation		,		Fair Market Value of Donation			
Event # Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this h	ost/candidate				
Name of Host			committee?	t supporting more than one candidate o Yes No complete Itemization in Addendum L5			
Street Address		City			State	Zip Code	
Description of Donation				Fair Mar	rket Value	of Donation	
Event # Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this h	ost/candidate				
	SUE	STOTAL Section L5 —	This Page	0			
	TOTA	AL of additional Section	L5 Pages	0			
TOTAL OF ALL IN-KIND DONATIONS N ASSOCIATED WITH A HOUSE PARTY (Enter total o	NOT Co on Line 2	ONSIDERED CONTRI 22, Column A of Summary	BUTIONS Page Totals)	0			

III. NONMONETARY RECEIPTS (Sections M—O)

Page 12 of 17

NAME OF COMMITTEE (Provide Complete	Name of Day			negeneralismon	04004666		my my on		500300000000000	ALTERNATION OF THE PROPERTY OF	
	rivame as itegi	sterea Willi	Fung Repository	,			NAMES ASSESSMENT OF THE	REPORT			
Maly Rosado for City Council			Manager 1 to - 10 to				Octobe	r 10th Filing	Malanes granden and a second	garyang ay gang dang dang ay	
			M. In-Ki	nd Con	trit	outions					
Name											
		,,,,,,,,,,								Ta. 6	
Street Address					City				State	Zip Code	
			,		<u> </u>						
Type of contributor: OCommittee	Date Receive	ed	Aggregate Cont	ributions		Description of In-Kind	Contribution	l			
OIndividual / Sole Proprietorship OOther	<u> </u>						^~ 0				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	door cont				ted w	or a chief executive of ith have a contract wi			Fair l	Market Value	
of dependent clind of a lobbyist?	valued at	more than	-			Yes ONo			of this Contribution		
Is this contribution associated with an event reported in Section L1?	Yes No		itor a principal indicate which			ctor or prospective st aches	ate contrac	tor? OYes No			
If yes, list Event #			rnment the con			Executive	C Legisla	ative		,	
Name											
Street Address					City	<u></u> -			State	Zip Code	
			1								
Type of contributor:	Date Receive	ed	Aggregate Cont	ributions		Description of In-Kind	Contribution	l .			
OIndividual / Sole Proprietorship OOther	i .						6G C			** 1 . 77 1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	1	bution is ir itributor or	n excess of \$400 business he/sh	0 to a cand: e is associa	idate ated v	for a chief executive yith have a contract v	officer of a vith said m	unicipality, unicipality		Market Value s Contribution	
valued at more than \$5,000? Yes No											
Is this contribution associated with an event reported in Section L1?	Yes		tor a principal o indicate which			ctor or prospective sta ches	ate contrac	tor? OYes			
If yes, list Event #			rnment the con			Executive	OLegisla	tive		_	
Name		•									
					Lou.				I Otalia	Zip Code	
Street Address					City				State	Zip Code	
	Data Bassin	f	A Cont	wihutions	Ц,	Description of In-Kind	Contribution				
Type of contributor:	Date Receiv	eu	Aggregate Cont	itibutions		Description of In-Kind	Controuco	•			
		bution is it	evees of \$40	O to a cand	idate	for a chief executive	officer of:	a municinality	Fair	Market Value	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does cor	itributor or	r business he/sh		ated v	vith have a contract v				s Contribution	
	valued a	t more tha		of a state a		Yes No No Ctor or prospective st	ote contrac	tor? OYes			
Is this contribution associated with an event reported listed in Section L1?	8 No	If yes,	indicate which	branch or	brar	nches		(DNo			
If yes, list Event #		of gove	rnment the con	tract is wit	h:	Executive	Legisla	itive			
			SUE	BTOTAL	Sec	tion M — This Pa	g e ()				
	9 9 9 9 7		TOTA	\L of add	litio	ial Section M Pag	es ()				
TOTAL OF MEDICAL	ven (DEE	TONE A		22 6 1		I CO				····	
TOTAL OF ALL IN-KIND COM	VIKIBUI	TONS (I	Enter total on Li	ne 23, Coll	umn /	4 of Summary Page 10	otals) ()			erektorikatikatikatura p. Peter tuturus k. (2007 t. 1980)	
	N.	Refun	dable Depo	osit to T	l'ele	phone Compai	1 y				
Last Name of Individual	,			First		•		MI	Date Depos	sit Made	
Residential Street Address			City				State	Zip Code		Amount of	
,										Deposit	
Name of Telephone Company							1				
Street Address			City				State	Zip Code			
Succe Address			City								
					Teller der		00000000				
TOTAL S	ECTION	N (Enter	total on Line 2	24, Columi	n A o	f Summary Page Tot	als) (

SEEC FORM 20

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Maly Rosado for City Council			October 10th Filing	October 10th Filing			
	P. Expenses	Paid by Committee					
Name of Payee			Date of Payment	Method of Chec	f Payment:		
Bank of America			9/3/19	O Debi			
Street Address City				State	Zip Code		
100 North Tryon S	St.	Charlotte		NC	28255		
Purpose of Expenditure (by code)	Description		Event #		Amount		
BNK	Bank Fee			15.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control						
Name of Payee			Date of Payment	Method of Payment: Check # IOIO			
Mitzchka Ortiz			9/25/19	O Debit Card OEFT			
Street Address		City		State	Zip Code		
32 Two Mile Rd.		Farmington		СТ	06032		
Purpose of Expenditure (by code)	Description		Event #		Amount		
WAGE	Canvassing			250.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	e) 🔘 Independ	lent	26.4			
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card DEFT			
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event#		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A B C D						
Name of Payee			Date of Payment	Method o	f Payment:		
				Che Deb			
Street Address		City	1	State	Zip Code		
Purpose of Expenditure (by code)	Description .		Event #		Amount		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	re) 🔘 Indepen					
		SUBTOTAL Section P –	- This Page 265.00				
	π	OTAL of additional Secti	on P Pages 0				
	TOTAL OF ALL EXPI (Enter total on Lin	ENSES PAID BY CON te 19, Column A of Summary					

IV. EXPENDITURES (Sections P-T)

Page 14 of 17

NAME OF COMMITT	TYPE OF REPORT						
Maly Rosado for City Council				October 10th Filing			
	Q. Campaign Ex	penses Paid by Candi	date	26.00			
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?			
					Yes 🔘 No		
Street Address City		City		State	Zip Code		
Purpose of Expenditure	Description		Event #		Amount		
(by code)							
Name of Pares (Name of I	(and a Damon or Entity who condidate reid discotts)		Date of Payment	ļ 	oursement claimed?		
Ivanie of Layee (Ivanie of V	Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Laymont	_	_		
					Yes O No		
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description		Event #		Amount		
(by code)					:		
Name of Payee (Name of V	l endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
		•		O Yes O No			
Street Address		City		State	Zip Code		
Select Address		Chy		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		Amount		
Name of Payee (Name of V	t endor, Person or Entity who candidate paid directly)	· · · · · · · · · · · · · · · · · · ·	Date of Payment	Is reimbursement claimed?			
,					Yes 🔘 No		
Street Address		City		State	Zip Code		
D CE 15	Description		Event #		Amount		
Purpose of Expenditure (by code)	Description		Livelt ii		zxiiouit		
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? Yes No			
					Yes O No		
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description		Event #		Amount		
(by code)							
Name of Days (Name of L	endor, Person or Entity who candidate paid directly)		Date of Payment	In round	bursement claimed?		
Name of Payee (Name by P	emor, 1 erson or Lindy who cumanine paid unecry)		Date of Fuyinesis		Yes No		
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description		Event #		Amount		
(by code)							
			mi n				
		SUBTOTAL Section Q -	This Page 0				
TOTAL of additional Section Q Pages 0							
		O ATALI OF MUDICIONAL DECLI	~~ ~b				
	TOTAL OF ALL EX	PENSES PAID BY CA	ndidate 0				
	(Enter total on I	ine 26, Column A of Summar	y Page Totals)				

	EE (Provide Complete Name as Registered wit	h Filing Repository)	TYPE OF R					
Maly Rosado for City Council October 10th Filir				Tuth Filing				
Nama of Issuina Insti		ises Incurred on Committee	21 11 12 21 12 22 22 23 24 24 24 25 25 25 25 25 25 25 25 25 25 25 25 25					
Name of Issuing Insti	tution	Type of Credit Card	_	OAmerican Express Oother:				
		Visa OM	aster Card Discover	JAmerican Express Other:				
Name of Vendor, Person	or Entity			Date of Transaction				
Street Address		City		State Zip Code				
		···						
Purpose of Expenditure (by code)	Description		Event #	Amount				
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below							
		Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization: ORGA						
Name of Vendor, Person	r Entity			Date of Transaction				
Street Address		City		State Zip Code				
Purpose of Expenditure (by code)	Description		Event #	Amount				
Expenditure # (If applicable) .	Type of Expenditure (Itemization in Adder None of the below Coordinated with reimbursement so Coordinated without reimbursement	ught (joint expenditure)	elow" is checked) Independent Organization: (A (B)	Oc O D				
Name of Vendor, Person	r Entity			Date of Transaction				
Street Address		City		State Zip Code				
Purpose of Expenditure (by code)	Description		Event#	Amount				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Adder None of the below Coordinated with reimbursement so Coordinated without reimbursement	ught (joint expenditure)	elow" is checked) Independent Organization: OA OB	Oc O D				
		SUBTOTAL Section	R — This Page 0	·				
		TOTAL of additional S	ection R Pages 0					
TC	TAL OF ALL EXPENSES INC (E	URRED ON COMMITTEE C inter total on Line 27, Column A of Sun						

NAME OF COARSE	PPP ab 32 c 31 V D	1,1201	TIME OF DEPONE			
Maly Rosado for (TEE (Provide Complete Name as Registered with Filing Re City Council	posn ory)	October 10th Fili	na na		
a.y //ouddo for	S. Expenses Incurred by	Committee but Not Paid	A resident trade to see the foreign of the fact them to the first trade of the second discount trade of the foreign of the fact trade of trade of the fact trade of t	· · ਚ		
Name of Creditor	z. z.p		- 2 a.mg am 1 a.m.	Date Incur	red	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description	ption Event #			Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Re None of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in	t expenditure)	" is checked) spendent unization: A B OC O	D		
Name of Creditor				Date Incur	red	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description	<u> </u>	Event #	E .	iount Incurred timate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Re None of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in	Inde	"is checked) pendent nization: OA OB OC O	D		
Name of Creditor	•	1000000		Date Incur	red	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description	1	Event #	i	timate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Response of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in Coordinated without reimbursement sought (in Coordinated without reimbursement sought)	t expenditure) Inde	" is checked) spendent unization: (A B OC O	D		
		SUBTOTAL Section	n S-This Page 0		11.11.10	
		TOTAL of additional S	ection S Pages 0	·		
TOTAL OF ALL	EXPENSES INCURRED BY COMMITTEE (Enter to	DURING THIS PERIOD BU tal on Line 28, Column A of Sum	JT NOT PAID nary Page Totals)			
	Previously report	ed Expenses Unpaid and still	Outstanding 0			
	TOTAL OF ALL EXPENSES INCU (Enter total	JRRED BY COMMITTEE B il on Line 28a, Column A of Sumi				

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Reposite	orv)		TY	PE OF RE	PORT		
Maly Rosado for C			er og er promisione i er er trette framsport (fillstade) fillstade i fillstade i fillstade i fillstade i fills	gaginariono nor y ovaj vidanti	demonstration of the second	Oth Filing		ana an
	T. Itemization of Reim	bursements	and Second	lary Pa	yees -			
Last Name of Worker/Con	sultant	First				MI	Date of Paymen Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant					reported i	n Section P:	Committee Worker	
C. A.H. CIV.	Description of the West Country	o:			Che	ck #	_ O Debit Car State Zip C	
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City					State Zip C	50 00
Purpose of Expenditure (by code)	Description			Event #			Amou	ınt
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum T Requirement None of the below Coordinated with reimbursement sought (joint expectation) Coordinated without reimbursement sought (in-kin	oenditure)	e of the below" is O Indepen O Organiz	dent 🔿	O 0) (O		
Last Name of Worker/Con	sultant	First				МІ	Date of Paymen Person or Entity	
Name of Vendor, Person o	or Entity Paid by Committee Worker/Consultant	, - 		<u>.</u>		n Section P:	Committee Worker Debit Ca	
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City					State Zip (Code
Purpose of Expenditure (by code)	Description	1		Event #			Amo	unt
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expenditured without reimbursement sought (in-kin)	penditure)	Independence	ndent O	О () () o (o b		
Last Name of Worker/Con	nsultant	First				МІ	Date of Paymer Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				-		in Section P:	Committee Worker	_
Street Address of Vendor	Person or Entity Paid by Committee Worker/Consultant	City						Code
Purpose of Expenditure (by code)	Description			Event#			Amo	unt
Expenditure # (If opplicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint ex Coordinated without reimbursement sought (in-ki	penditure)	Indepe	ndent O	0	O O		
		SUBTOTA	AL Section T -	– This Pa	ige 0			
		TOTAL of:	ıdditional Sect	ion T Pa	ges 0			
TOTAL OF AL	L REIMBURSEMENT TO COMMITTEE	WORKERS	AND CONS	ULTAN	TS 0			